

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Alicia Shuford-Gordon
124 Chisolm Street
Hayneville, AL 36040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Alicia S. Gordon*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

2:07CV 230

SLC

(20)

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0810 0003 8383 5826

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540